



Wounded Spirits, Ailing Hearts 1

Written Video Transcript

That I came home after 18 months, came home. Got off in San Francisco and I didn't come home, [00:01.20.00] I didn't come straight home. I just, I just couldn't. There was something wrong, something missing.

I wanted to, you know, get in him and find out what's going on. But it was like he was keeping it to himself. It was probably the war. [00:01.40.00]

Well, when my son was born it made me look at reality. It made me look at I got a child. I decided I better do something about myself.

Sam Loudhawk's experience is common to many American Indian, Alaskan Native veterans. Answers to the concerns he has [00:02.00.00] about his life today can be traced to service in Vietnam 25 years ago. This is his story and that of many other Native American combat veterans, male as well as female, Vietnam and other areas. Hello my name is (Spiro Manson). I direct the division [00:02.20.00] of American Indian and Alaska Native Programs in the Department of Psychiatry at the University of Colorado, Health Sciences Center.

And I'm Peter Montgomery, Medical Director of the PTSD Residential Rehabilitation Program at the VA Medical Center in Denver, previously with Indian Health Service [00:02.40.00] and a veteran of the Vietnam theater. Through a recent study by (Spiro's) center and our clinical work at the VA we've learned that Native American veterans suffer from post-traumatic stress disorder in ways that are the same and different from veterans in other ethnic groups.

In 1996, [00:03.00.00] my colleagues and I at the National Center for American Indian and Alaskan Native Mental research completed a major study of PTSD and related psychiatric disorders. This study is based on careful science and personal interviews with 621 Vietnam combat veterans from several of the largest tribes in the country. [00:03.20.00] We found that almost 27% of the southwest and 31% of the northern plains veterans suffered from PTSD. That is twice the rate reported among white Vietnam veterans in a similar study. And 45% of the southwest and 57% of the northern plains [00:03.40.00] veterans in our study suffered from PTSD at some time in their lives. Among northern plains veterans the rate was even closer to three times the number of their white counterparts. To better understand why PTSD has such a profound effect on Native American veterans we need to look at culture [00:04.00.00] and history. The tradition of the warrior is central in Native American culture. The warrior's role is critical in defending family and cultural values. Also in many Indian communities more than 30% of eligible males [00:04.20.00] have served in armed forces. This compares to



approximately 10% of all males in the U.S. Why do so many Native Americans join the military? Partly because it offers opportunities for education and employment that don't exist in many Indian and Native communities. In Indian country, as you know, [00:04.40.00] unemployment ranges anywhere from 30% to 80%. So, it's easy to see why military housing, pay and training are attractive. And many young Native Americans men and women see the military as an opportunity for travel beyond the isolation of their rural communities.

I stayed home a lot and [00:05.00.00] helped my mother with, you know, chores and things like this around the house. And I would go from that environment to a boarding school which was somewhat also the same concept, I guess. It's sort of confined in some ways. You know, they controlled [00:05.20.00] a lot of things in my life. So, I think in terms of that maybe that's what led me to join the military.

But the most common motive for military service is rooted in family tradition. Native Americans have a deep sense of patriotism and personal duty. [00:05.40.00] The public has learned about what happens to men in war through films like Coming Home, Born on the Fourth of July and Saving Private Ryan. They're dramatic interpretations of the experience of war and they tell vivid emotional stories that resonate with American veterans. [00:06.00.00] Vietnam was a modern war. The soldier was stateside one day in Vietnam the next. The objectives were ill-defined and our country was deeply divided about American involvement in a foreign war. For American Indians who fought in Vietnam the shift in social and cultural worlds was dramatic. [00:06.20.00] The war challenged everything they believed, turning everything they knew upside down.

It was a shock. After I got to boot camp it seemed that everything that I had learned growing up was just reversed. And [00:06.40.00] it was hard to accept.

Bigotry and racism dogged most Native American soldiers.

The officers and people over there it was just they give you all kinds of names.

Like what? [00:07.00.00]

Like Indian [7:01] I hate that word (chiefs).

You know, (time I went into the) military I didn't know—I didn't know nothing about being prejudiced or anything like that, you know. When I went to boot camp the first thing, the first thing [00:07.20.00] that you start throwing at me, started calling me a fucking Indian and blanket ass and squaw man. I didn't what the hell that meant, you know. I went to school with blacks, Chicanos and whites and all I saw was a human being. [00:07.40.00] I didn't see no color.

Because of their skin color, facial features and stature Native Americans often were mistaken for the Vietnamese even by their own troops. And since Native Americans had



themselves been subjugated by colonizing forces the U.S. mission [00:08.00.00] sometimes seemed to echo their own personal history. The collective memory haunts most Indian people. The names are infamous. Wounded Knee, The Long Walk, The Trail of Tears and the Sand Creek Massacre, atrocities by the U.S. Government on Native peoples still resonate today. [00:08.20.00]

I'm talking about the aftereffects of trauma. And I believe that historically Native Americans have been traumatized way, way back. And it's [00:08.40.00] an experience that's been passed on. Because from the experience there's behaviors and there's feelings and there's attitudes that came, I suppose, developed from that trauma [00:09.00.00] from way back. And it just, it just kind of got passed on from one generation to another.

The most troubling consequence of American Indian and Alaskan Native service in Vietnam involves an intrinsic conflict between their duty as American soldiers and how they [00:09.20.00] viewed themselves as warriors in their own tradition.

I guess I just got real tired of doing the PTSD (shuffle) and hiding and harboring these feelings of guilt and shame and anger [00:09.40.00] and all these other things. And how could I have these things and be a Lakota warrior. Things just did not add up. You know is this the way it's supposed to be for me? Is this the part of what the responsibility entails, [00:10.00.00] you know? And what it amounted to was confusion.

Well, you're supposed to be brave and all that you know and not to be afraid of anything you know. And here I'm afraid all the time, you know. [00:10.20.00] And I can't—I'm always afraid of things and those things have been happening, you know. And I'm not supposed to think like that. But here I am, here I am like that, you know. And that makes me think that I'm just, [00:10.40.00] you know, thinking of myself as less of a—short of being a traditional man I'd say, you know. Because my dad was very traditional and my grandfathers were very traditional. And I try to follow in their footsteps.

At this point I would like to ask Dr. Montgomery to help our [00:11.00.00] viewing audience get a better understanding of how PTSD affects the mind and body and how doctors determine if a person has PTSD. Peter?

Thank you, (Spiro). More than 2,500 years ago Homer wrote his epic poem The Iliad. He described what happened to men in war. The Greeks [00:11.20.00] and the Romans recognized that war changed some warriors so dramatically they could not live with civilians and were forced to establish towns of their own. Many centuries later we struggle to describe the same phenomenon in the language of science and medicine. The first term was developed during the First World War, [00:11.40.00] it's called shellshock. And it was used to describe long term stress reactions that somehow link explosive atmospheric pressure to the reactions of combat. During World War II the term was traumatic war neurosis which reflected a better understanding of the psychological effects



of combat. [00:12.00.00] In the Korean War the phrase combat fatigue became more common and showed a growing understanding of the connection between the physical and the psychological effects of combat. By the Vietnam era doctors had developed a better understanding of that connection. During Vietnam the term combat stress reaction [00:12.20.00] was widely used. We understood that trauma was central to all these conditions, whatever we call them, not physical or moral weakness. But combat stress reaction is a human being's first response to war, it is not PTSD. Post-traumatic stress disorder is a specific [00:12.40.00] well-defined usually chronic condition and if untreated it can be very disabling. Now we'd like to remove some of the mystery from the words diagnosis and disorder. Diagnosis is the process of finding out the nature and cause of a disorder. The American Psychiatric Association [00:13.00.00] has developed a standard reference called a Diagnostic and Statistical Manual of Mental Disorders to help us to do that. It's a sort of dictionary for health care professionals and most of us call it simply the DSM. The DSM identifies, defines and classifies [00:13.20.00] the major mental disorders. It is also the principle framework for evaluating reimbursement for mental health care. The DSM describes mental disorder as an unusual pattern of behaving, thinking or feeling that causes distress. For example, disrupted sleep. It results in a disability [00:13.40.00] which is a condition that troubles a person's life or job. The DSM uses specific symptoms called diagnostic criteria to determine whether a mental disorder does exist. Evaluating the kinds of symptoms, their number and how long the symptoms [00:14.00.00] persist helps us to find out whether someone is suffering from a disorder. Diagnosis is the process of gathering this information. It's as much an art as it is a science. The stories that veterans tell [00:14.20.00] about combat related PTSD always include a traumatic event involving death, the threat of death or serious injury. These events led to the feeling of intense fear, helplessness and horror.

One of the jobs I had as a river boat man or, which is—[00:14.40.00] was to go into areas and do policing work. We went into areas where they did different types of firefights, they did bombings, napalm. And it was our job to pick up the—[00:15.00.00] it was our job to pick up the pieces. Sometimes, there wasn't very many pieces to pick up. You feel very horrified, feel guilty. I feel angry, bothers me a lot. I can't seem to shake it. [00:15.20.00] It's kind of one of those things that's always there.

I thought I was dead you know. And I just started begging, you know. I looked [15:31] the three guys they were all armed. I begged them and I said [15:37] [00:15.40.00] I'm sorry, you know, I'm sorry. And they kept on hitting me, you know. A guy had a, a pistol to my head you know. And another guy had a knife on me and you know—[00:16.00.00] I couldn't do anything.

The symptoms of post-traumatic stress disorder begin with an adrenaline driven excitement—we call it hyperarousal—that leads to poor concentration, difficulty sleeping and exaggerated startle response, guarded behavior and a hair trigger [00:16.20.00] temper.



My anger just got out of control. I have hurt people, even my own relatives. And all I have to show for it is [00:16.40.00] I guess physically is a beat up body. And some of my own relatives won't even talk to me to this day you know because of the anger during the drinking. The one thing that I have a very difficult time [00:17.00.00] with is—again this is something that I wasn't aware of until recently, is the adrenaline, adrenaline shot that comes with the startle. And it's gotten to the point where it, [00:17.20.00] it bothers me. And my heart rate is just really going, start, you know, trembling. And I don't want that anymore, you know. But it happens. I don't know what to do about it. [00:17.40.00] I try my best to live with that I guess. It's gotten to a point where I just don't want it anymore.

The last time, maybe a month ago, we were in church. And I was—well I had my eyes [00:18.00.00] closed, praying, when somebody—I guess the wind slammed the door. And I jumped. [18:10] would hear backfire, automobile backfire. That really [00:18.20.00] upsets me. That's, you know, its sounds of somebody shooting at me or you know throwing a grenade, an explosion.

One time I was watching TV and I bought my son—he was only about four years old. I bought him a small pistol. [00:18.40.00] And I wasn't thinking or anything like that you know. And I was watching TV and it was all—I was really interested in that TV. And I guess he snuck up on me from this side and he stuck that pistol right in my—into my ear like that. And he says, "You're under arrest, dad," you know. [00:19.00.00] And I just I almost hit my son, you know. I just scratch him like that. I was thinking about setting up booby traps, you know like cutting out two by fours and then putting, putting nails in it [00:19.20.00] and then putting them around the windows and all that you know. My oldest daughter, you know, she tells me, said, "Dad, I'm tired of you. You know, said that's the reason why she moved away, she said. Everything that startles you, you get mad and then you take it out on us, you know. Like if [00:19.40.00] my wife drops a pan or something, you know, in the kitchen, you know. Anything that drops, you know, I get a startled reaction out of it. I try real hard to concentrate. You know when I read a book I know I'm reading it. Well when I read [00:20.00.00] one page and I think about it, "What did I read?" You know, so I have to go back and read it again, you know, in order to get into the memory banks. And it's hard for me to read, you know, a book. I love to read, you know, and all that but you know it's [00:20.20.00] just that I can't remember, you know, sometimes what I read, you know. Because my mind wanders all of the time.

I was angry all the time, I don't know why. When I came back from the service—I mean Vietnam I have that anger all the time, every day. I don't know what's [20:37] I don't know why I was angry for it [00:20.40.00] though. (Soon) my wife and my children notice it and all. I was always angered. From there my family didn't—kind of don't bother me.. Just stayed away from it now. Then this, I have a hard life with my family, you know, given all this anger, you know. [00:21.00.00] I have a lot of—concentration is it's difficult for me, you know. When I was in the working at the [21:08] when I was working you know, like when I running labs—I have a hard concentrate what I was doing. Work, like a lot of things [00:21.20.00] like paperwork, you know. Like taking a



test and my mind be—my mind be wandering around someplace, you know, instead of taking the test, you know. That's how I was like. I'm still the same way right now though.

These experiences result in psychological intrusions, bad memories, nightmares [00:21.40.00] and sometimes a sense of even reliving the trauma as it originally occurred. These experiences are commonly called flashbacks.

I just can't remember a day that went by without any kind of, you know, [00:22.00.00] memory of Vietnam. Dreams where we are running through the jungle. I can actually feel tree bark stinging my face, my arms as we're running. [00:22.20.00] I can hear the gunfire behind us and the talking, sometimes laughter, of the VC or NVA or whoever is out there. [00:22.40.00] And they're chasing us and we're running and stumbling.

Oh, one night we were sleeping and all of a sudden you know I'm slammed out of sleep because he, you know, grabbed me and threw me down. And I remember looking into his—into his eyes. [00:23.00.00] They were like dead, no feeling no—it was a horrible feeling like he was going to kill me or—and then he kind of snapped out of it. But he was still kind of there. He was saying, you know, "Don't move." [00:23.20.00] His, the lamp beside our bed was shaken like, he said, one of the gooks (what they wore) the Charlies or whatever they're called. And so we moved them, we moved the lamps.

They don't (seem to leave). They kind of trick you a little. [00:23.40.00] You work real hard and you think, oh I got this beat. The next time you let your guard down its right there again. And every time it does that it gets more confusing because, you know, all of us like to consider ourselves normal. All of us like to consider ourselves educated and intelligent. [00:24.00.00] And here is something I can't shake. Everything I've done seems to either bring it back worse or to still be there after 30 years, 35 years. I don't understand it.

Well, every time I'm watching TV [00:24.20.00] or something, a part comes up where somebody's pointing a gun to somebody's head that brings, that brings it back.

I look up there and I saw the sun. Not looking at directly at the sun but the sun's reflection [00:24.40.00] on the land. And I knew I was in Vietnam again because there was that orange, that orange sunshine that I was so used to over there. And it was a different—the same kind of heat that radiated over there with the humidity. And I knew [00:25.00.00] that Vietnam was close again.

Soon the human mind tries to defend itself against the constant excitement and the psychological intrusions. The veteran consciously avoids thoughts, feelings or situations that might reawaken [00:25.20.00] memories of the trauma. To survive the veteran's emotions become shallow and avoiding feeling pain he or she begins to feel not much at all.



Still I avoid crowds. Like a movie or where's there a meeting. And I got [00:25.40.00] edgy and just want to get out of there. And sometimes it's [25:46] entertainment purposes for a gathering, but I tell my wife, "No I don't to be in that crowd."

I knew it for sometimes [00:26.00.00] it was improper to behave or to be seen going crazy in any situation. And I would suppress this to the best of my ability. And I developed a lot of systems, you know. Either becoming totally engrossed in something [00:26.20.00] such as reading or—but I would read lines and it would be tiring after a while. And when I got fatigued and had to go to sleep or whatever these thoughts would override the sleep sometimes.

I do a lot of exercise and [00:26.40.00] I do a lot of walking, a lot of thinking, planning of what I will do next. I just do everything just one day at a time that's all I do now.

As the veteran disengages he distances himself from others. He may lose interest [00:27.00.00] in things he once enjoyed. When he shuts off the bad feelings he also shuts out the good ones. Love, gratitude and joy become more difficult to feel or even to express.

He never ever said his feelings. He never told me his feelings or anything. [00:27.20.00] It's just in later, the latter part of our years together that he started to talk about it.

Really didn't care whether they loved me or not, or like me.

It just didn't seem to matter anymore, you know. There was no value to it. And I just [00:27.40.00] didn't feel comfortable out there, you know, with that kind of—you know with the attitude of the people. And I was afraid, you know.

I felt completely alone, I felt like everything I worked for was gone. And I felt empty, felt alone. And it hurt, hurt a lot. [00:28.00.00] Made me afraid, made me feel helpless, made me feel like I didn't belong anywhere.

I like to hug, you know, my kids and all. I like to hug. But when I hug my kids it seems like [00:28.20.00] just a barrier in between, you know. I can't get through that barrier. I try to, I try to get my feelings, you know. I try to think to get my emotional feelings and you know to hold them. I get that once feeling but I don't get it, [00:28.40.00] you know. And I think they sense it sometimes, you know.

(Spiro), this is a very simplified explanation of the complex clinical picture of PTSD. We also know that among Native American veterans post-traumatic stress disorder is closely linked to alcohol, often leads to self destructive behaviors [00:29.00.00] and can have a tremendous impact on veteran's physical health.

The most powerful predictor of PTSD among Native American Vietnam veterans is the nature and extent of their exposure to combat.



I remember everything, second by second and everything. [00:29.20.00] I remember seeing him fall. I remember seeing him die. I remember seeing scream. I remember, I remember everything. I remember the claymores going off. I remember looking directly at one and a big ball of fire. I remember getting shot. I remember the concussion, knocking me down. I remember my soldiers getting shot through the neck and the legs, falling down. [00:29.40.00] I remember the enemy, the concentrations that we were firing in to. They were very, very close. It was less than five meters. And it all happened in a space of a few seconds.

This finding is not unique to American Indians or Alaskan Natives. For the studies mentioned throughout [00:30.00.00] this educational documentary reveal that the same is true for all Vietnam combat veterans. However, Native American soldiers were much more likely to be in units and locations where they would experience frequent and deadly combat.

So, they chose me to be the point man. It came down to organizing for the patrol they said, [00:30.20.00] we need a point man, we need a volunteer. And no sooner =

[end of audio]

